


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90058 046 ****61.25

DOCUMENT # 730645			
1. Entity Name NUMBER 2 CONDOMINIUM ASSOCIATION -VILLAGE GREEN, INC.			
Principal Place of Business 2328 S. CONGRESS AVE SUITE 2A WEST PALM BEACH, FL 33406		Mailing Address 2328 S. CONGRESS AVE SUITE 2A WEST PALM BEACH, FL 33406	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02062008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2146020

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BECKER & POLIAKOFF, P.A. ATTN: PETER C. MOLLENGARDEN, ESQ. 625 NORTH FLAGLER DR., 7TH FLOOR WEST PALM BEACH, FL 33401		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State Zip Code FL	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD TD <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELLES, CHARLES	NAME	GELLES, CHARLES
STREET ADDRESS	200 VILLAGE GREEN CIRCLE, UNIT 101	STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A
CITY-ST-ZIP	PALM SPRGS, FL 33461	CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERISCO, FRANCES	NAME	
STREET ADDRESS	2328 S. CONGRESS AVE SUITE 2A	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASLET, JUNIOR	NAME	
STREET ADDRESS	2328 S. CONGRESS AVE SUITE 2A	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'MALLEY, MARY	NAME	YOUNG, ANNA MARIE
STREET ADDRESS	2328 S. CONGRESS AVE SUITE 2A	STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	TD SD <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOWERS, LORRAINE	NAME	SHOWERS, LORRAINE
STREET ADDRESS	2328 S. CONGRESS AVE SUITE 2A	STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-08